

RENT STABILIZATION PROGRAM

2019-2020 Annual Request for Fee Exemption

If you are the owner of a building in San José with three or more units that was built and first rented prior to September 7, 1979, your property is subject to the City's Apartment Rent Ordinance (ARO). Buildings with units subject to the ARO are required to pay an annual fee. If an apartment unit in a rent-controlled building is rented with a government-funded rent subsidy (i.e. Section 8, Housing Choice voucher, etc.), the apartment is not exempt from the annual rental fees. However, a project based building is exempt. Additionally, owner occupied, hotel/motel, or guesthouse (rented less than 30 days) may be exempt if it meets certain requirements as defined under the Apartment Rent Ordinance.

If you believe your ARO unit(s)/building(s) qualifies for an exemption, please fill out this form and return the original **along with required supporting documents** to the City of San José Rent Stabilization Program, 200 E. Santa Clara Street, 12th Floor, San José, CA 95113-1905 or email to **RSP@sanjoseca.gov**. Keep a copy for your records. *If you own more than one property, please submit one exemption form per property.*

The exemption form must be received by 5pm, September 3, 2019

Oı	ner Contact Informa	ation	
Name of Owner			
Owner Mailing Address			
City, State, and Zip Code			
Daytime Phone #			
Email Address			
Property Informati	on (One Property Per	r Exemption	Form)
Property Address:			
Building Completion Date			
Multiple Housing Permit Number (RSN)		APN	
Total # of Units		# of Units Exempt	
Unit Exemption(s) (check all that apply Owner occupied: # of units: Utilities – 4 consecutive mone Banking/Financial – Credit can consecutive months), Income Property or Moving – Car and order, Moving company rece Government Issued – Driver Used as a hotel or permitted guest Copy of the Transient Occup Affordable Project based or owned Documents designating Afford	Please provide a hs for the following ut and statements (4 consists tax return. I home insurance policipt or other proof or other proof or other license, Car registration house: # of units:ancy Registration Certal/operated by a govern dable and proof of ow	at least 3 of the illities: telephotosecutive montocies, Post Offiner proof of mation, Property tificate. Inmental agent propers of the proof of the illition	ne following: one, cable, gas, electric. ths), Bank statements (4 fice change of address nove-in date. tax bill, Voter registration. acy: # of units:
(Signature)		(D	ate)